

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | DT       |        | 3-31-00 |
| O.I.P.E. CLASSIFIER       |          | 8      | 4-1-00  |
| FORMALITY REVIEW          | D.B      | 65373  | 5/22/00 |
| RESPONSE FORMALITY REVIEW |          |        | 6/28/00 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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